

Account Name

## Request for Alpine School District Foundation Funds from an

## INDIVIDUAL CLASSROOM ACCOUNT

Foundation Office 575 N. 100 E. American Fork, UT 84003 610-8403 **NOTE:** Principals and secretaries should not initiate withdrawals from these accounts.

Please Maintain Confidentiality

Amount to be withdrawn

I certify that monies which have been contributed to this account will be spent in accordance with the donor's request.

Items purchased with the donated funds are property of the Alpine School District.

School

Account Holder's Signature		Date		Principal Signature	
Reason for Request					
Bus/Transportation	Costco	Direct Payment	Payroll	Personal Reimbursement	
Print Shop	Req	uest to Buy	Technology	Warehouse	
		Batch or Order #	<u> </u>		
you need to know how much i m, make sure you have princ	•	•	-	call the Foundation. Fill out the District Mail.	
<b>5</b>		DUAL CLAS	SROOM AC	COUNT	
575 N	ion Office . 100 E. ork, UT 84003	from these accoun		ould not initiate withdrawals	
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If you need to know how much is in your account, check with your Financial Secretary, or call the Foundation. Fill out this form, make sure you have principal's signature and send it the Alpine Foundation, through District Mail.